

Utah Department of Health, Bureau of Child Care Licensing

Staff Annual Training Form

Individual's Name:

Certifications Current 1st Aid Certification Expiration Date (mm/dd/yyyy):

(if applicable): Current CRP Certification Expiration Date (mm/dd/yyyy):

Please follow the attached instructions when completing this form. Make copies if additional forms are needed. This form documents required annual training topics and hours (20 hours, 10 of which must be face-to-face) which must be completed before the center's license expires. Attach to this form copies of all training documentation from outside sources (i.e. CCR&R, Child Care Licensing, Conferences, Workshops, school transcripts, etc.).

In order for the center's license to be renewed a copy of this form must be completed for each director, assistant director, and caregiver. This form must also be completed for each substitute who works an average of 10 hours per week or more. Your Licenser will review these completed forms as part of your Announced Inspection.

TRAINING CLASS #1 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
Training Time (in hours and/or minutes):		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

TRAINING CLASS #2 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
Training Time (in hours and/or minutes):		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

Total ALL training hours on this page:

Total FACE-TO-FACE training hours on this page:

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TRAINING CLASS #3 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

TRAINING CLASS #4 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

TRAINING CLASS #5 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

Total ALL training hours on this page:

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TRAINING CLASS #6 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		Licensing Rules for:		Licensing Rules for:
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #7 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		Licensing Rules for:		Licensing Rules for:
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #8 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		Licensing Rules for:		Licensing Rules for:
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

Total ALL training hours on this page:

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TRAINING CLASS #9 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

TRAINING CLASS #10 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

TRAINING CLASS #11 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

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TRAINING CLASS #12 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		Licensing Rules for:		Licensing Rules for:
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	Shaken Baby Syndrome
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	Coping w/Crying Babies
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	Other:

TRAINING CLASS #13 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		Licensing Rules for:		Licensing Rules for:
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	Shaken Baby Syndrome
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	Coping w/Crying Babies
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	Other:

TRAINING CLASS #14 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		Licensing Rules for:		Licensing Rules for:
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	Shaken Baby Syndrome
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	Coping w/Crying Babies
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	Other:

Total ALL training hours on this page:

Total FACE-TO-FACE training hours on this page:

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TRAINING CLASS #15 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

TRAINING CLASS #16 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

TRAINING CLASS #17 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>	<u>Licensing Rules for:</u>	Child Abuse/Neglect Signs and Reporting
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Positive Guidance
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Shaken Baby Syndrome
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Other:
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	

Total ALL training hours on this page:

Total FACE-TO-FACE training hours on this page:

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TRAINING CLASS #18 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #19 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #20 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

Total ALL training hours on this page:

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TRAINING CLASS #21 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #22 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #23 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

Total ALL training hours on this page:

Total FACE-TO-FACE training hours on this page:

Utah Department of Health, Bureau of Child Care Licensing

Staff Annual Training Form

TRAINING CLASS #24 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #25 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

TRAINING CLASS #26 INFORMATION		TRAINING TOPICS COVERED		
Date of Training (mm/dd/yyyy):		<u>Licensing Rules for:</u>		<u>Licensing Rules for:</u>
Name of Trainer or Training Organization:		<input type="checkbox"/> Supervision & Ratios	<input type="checkbox"/> Child Discipline	<input type="checkbox"/> Child Abuse/Neglect Signs and Reporting
		<input type="checkbox"/> Injury Prevention	<input type="checkbox"/> Activities	<input type="checkbox"/> Child Development
		<input type="checkbox"/> Parent Notification & Child	<input type="checkbox"/> Transportation	<input type="checkbox"/> Child Brain Development
		<input type="checkbox"/> Child Health	<input type="checkbox"/> Animals	<input type="checkbox"/> Positive Guidance
Training Time (in hours and/or minutes):		<input type="checkbox"/> Child Nutrition	<input type="checkbox"/> Diapering	<input type="checkbox"/> Shaken Baby Syndrome
		<input type="checkbox"/> Infection Control	<input type="checkbox"/> Infant & Toddler Care	<input type="checkbox"/> Coping w/Crying Babies
Was training face-to-face? (Yes or No):		<input type="checkbox"/> Medications	<input type="checkbox"/> Center's Written Policies	<input type="checkbox"/> Preventing SIDS
		<input type="checkbox"/> Napping	<input type="checkbox"/> Center's Emergency Plan	<input type="checkbox"/> Other:

Total ALL training hours on this page:

Total FACE-TO-FACE training hours on this page: